

supporting staff for compensation, travel and training will be 75%. Changes in federal regulations affecting the matching percentage, and/or the eligibility of costs for administrative or enhanced match, which become effective subsequent to the execution of this agreement, will be applied as provided in the regulations. DOH staff who perform SPMP functions must have professional education and training in the field of medical care or appropriate medical practice, as specified in 42 CFR 432.50(d).

8. Reimburse DOH the Title XIX federal share of eligible administrative costs for DOH contract staff. The rate of reimbursement for eligible administrative costs will be 50% as specified in 42 CFR 433.15 (7).
9. Review reports of provider non-compliance submitted from DOH and pursue any sanction or other action necessary and appropriate to remedy the non-compliance.
10. Prepare, print, mail, and when designated appropriate, publish on-line through the Internet material regarding Personal Care and Waiver services to Medicaid providers; this includes manuals and bulletins. Review materials or reports to be published by DOH regarding Personal Care and Waiver services. All such materials published by DOH as may affect compliance with Title XIX rules shall be subject to DSS/DMS review and approval prior to distribution.
11. Review and comment on policy and procedure for the internal operations of DOH and contract staff regarding the Personal Care and the Waiver Programs, where such policy and procedure may affect compliance with Title XIX rules or the assurances under which the Waiver Program was approved. Provide technical assistance as needed in order to have consistent integration of Medicaid compliance issues affecting each program.
12. Provide for an independent assessment of Waiver services in accordance with the requirements of 42 CFR 441.303 (g) should DSS choose to exercise this option.
13. Maintain the confidentiality of client records and all other client information obtained from DOH in accordance with RSMo 191.656 (Supp. 1989).
14. Conduct hearings for persons who have appealed denial or termination of Personal Care or Waiver services by DOH contract service coordination staff.
15. Designate an employee of DMS to serve as liaison with DOH for administration of Personal Care and Waiver services for PWAs.

B. Department of Health

The Department of Health agrees to:

1. Provide the staffing necessary for fulfillment of the primary terms and conditions of this agreement. DOH must maintain direct employment of those staff necessary to provide the programmatic and operational oversight, management and monitoring activities associated with the Personal Care and AIDS Waiver programs. Under the terms of this agreement, DOH may contract for delivery of the service coordination services needed to assist PWA access Personal Care and AIDS Waiver services, but must ensure that contract service coordination staff involved in the assessment, evaluation and authorization of Personal Care and AIDS Waiver services at a minimum meet the following Missouri Merit System position qualification requirements:

Community Health Nurse IV
Community Health Nurse III
Licensed Clinical Social Worker
Social Work Practitioner II

DOH shall also provide staff necessary for clerical, supervisory and/or research and evaluation duties necessary to fulfill the terms and conditions of this agreement not otherwise provided as indirect support through the Department's indirect rate.

2. Maintain direct performance of and/or assurance that the following specific activities are in place to ensure the proper and efficient administration of the Personal Care and Waiver programs, namely:

DOH must assure that contract service coordination staff coordinate the medical services available through the Missouri Medicaid program, other medical programs administered by the Missouri Department of Health and other community resources which provide medical services to Persons with Acquired Immunodeficiency Syndrome and HIV-Related illnesses.

Contract service coordination staff, with oversight and review by DOH, are responsible for determining and redetermining the eligibility of applicants for Personal Care and Waiver services through the evaluation of applicant's level of care; the assessment and periodic review of each applicant's need for Personal Care or

Waiver services, and the development of a written plan of care prior to the authorization or reimbursement for personal care or Waiver services. The care plan developed by DOH contract service coordination staff must contain documentation that services will alleviate the need for care in a nursing facility or hospital and show cost effectiveness.

DOH must assure and enforce the requirement that contract service coordination staff perform periodic utilization review, including assessment of the continued necessity for, appropriateness of and the adequacy of the medical care and services received by individual Personal Care and Waiver recipients. This activity is to prevent unnecessary utilization of such care and services and to assure that payments are consistent with efficiency, economy, and quality of care.

DOH and contract service coordination staff must perform outreach activities, directed to HIV/AIDS positive individuals who are likely to require the level of care provided in a hospital or nursing facility and providing information about feasible alternatives to that type of care.

DOH contract service coordination staff, with oversight and review by DOH, are responsible for the prior authorization of Personal Care services according to the plan of care. DOH must provide assurance that the total expenditures for personal care services will not exceed the currently established personal care spending cap, as defined in 13 Code of State Regulations 70-91.010 and recalculated prior to the beginning of each fiscal year.

DOH assures that the contract service coordination staff will prior authorize Waiver services according to the plan of care. DOH assures that the actual total expenditures for waiver and other Medicaid services provided to individuals under the waiver will not exceed the amount that would have been incurred by Medicaid for these individuals in the absence of the waiver. This function will include documenting that the recipient was given free choice of the provider(s) of Waiver services. Because prior authorization is dependent on and integrated with care plan development, its performance will be subsumed under the latter in documentation by DOH of time spent within each activity.

DOH assures that contract service coordination agencies maintain qualified staff capable of accurately reviewing the Supervisory Monitoring Delivery Log for provider compliance

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with the care plan for all recipients who receive state plan personal care with AIDS/HIV-related illnesses on a monthly basis. Review of the completeness and accuracy of the DOH contractor review of the Supervisory Monitoring Delivery Log is a component of the DOH quality assurance review of the service coordination contractor and the provider of care.

DOH must provide qualified staff to annually review the care plan using a statistically valid sample of Waiver and Personal Care recipients. This review must include a comparison of the plan of care to applicable clinical/progress notes and remittance records of each provider who served him or her, to ascertain whether or not the provider delivered the services in accordance with standards and the care plan and as reimbursed by DSS. This activity will be performed to meet the requirements of Section 1915 (c) (2) (E) of the Social Security Act.

Report to DSS in writing any instances of provider fraud, abuse or noncompliance with Title XIX (Medicaid) policy, procedures and regulations.

3. Maintain an automated prior authorization file for all Personal Care and Waiver services authorized or denied by contract service coordination staff and have the ability to submit suitable tape or paper records to DSS of all prior authorizations of Personal Care and Waiver services.
4. Prepare, with assistance and review by DSS, material to be published regarding the waiver, including manuals, bulletins, reports, and recipient notices. DOH assures that any written materials distributed by contract service coordination staff are subject to the review and approval of both DOH and DSS.
5. Assume the financial responsibility for the development and printing of manuals, reports, brochures and other documents related to the Personal Care and Waiver Programs which are distributed by DOH.
6. Prepare policy and procedures for the internal operations of DOH and contract service coordination staff regarding the Personal Care and Waiver Programs. Such policies and procedures that affect compliance with the Title XIX rules or the assurances under which the waiver was approved, will be subject to review by DSS prior to implementation. This will include, but is not limited to, a review of the DOH and contract service coordination staff instructions for documentation of time spent on administration of Personal Care and Waiver services.

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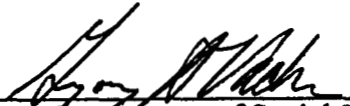
Effective Date July 1, 1997

7. Assures DOH and contract service coordination staff participation in Medicaid related training that may be deemed necessary by the Director(s) of DSS and/or DOH.
8. Assures the participation of DOH staff and contract service coordinators in hearings conducted by DSS, requested by persons who have been denied Personal Care or Waiver services and/or who have had other adverse action taken by DOH or its contract service coordination staff as these activities relate to the assessment, evaluation and monitoring of Personal Care and Waiver services.
9. Ensure, in each year, that neither the number of individuals served under the waiver nor the amount expended for Waiver services exceed the approved estimates.
10. Exchange with DSS data to jointly compile periodic reports on the number of clients served, their costs, and the savings generated by the waiver and Personal Care services.
11. Provide DSS with the information necessary to complete the annual report on the waiver's impact, as required by 42 CFR 441.302(f).
12. Account for the activities of DOH and contractual service coordination staff providing services under this agreement in accordance with the provisions of OMB circular A87 and 45 CFR part 02, 74 and 95.
13. Verify that all DOH personnel providing monitoring and quality assurance activities meet the qualifying criteria of Skilled Professional Medical Personnel as defined in 42 Code of Federal Regulations 432.2 when the 75% match is claimed. DOH contract staff will be eligible only for the 50% match rate for administrative functions.
14. Provide a minimum of eight (8) hours of training to contractual service coordination staff involved in the assessment, evaluation and authorization of Personal Care and Waiver services. Contract staff must have completed the required DOH training, prior to performing personal care or waiver assessment/authorization activities. DOH must maintain a training log verifying that the required training has been completed.
15. Provide annual update training, intermittent training as needed or as changes occur in policies, eligibility criteria or function of contract service coordination staff as they relate to the assessment, level of care evaluation and authorization of Personal Care and Waiver services. Quality assurance review will dictate the need for targeted training.

16. Provide quarterly or as requested by DSS the information necessary to request Federal funds available under FFP. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Director of the Department of Health.
17. Accept responsibility for disallowance of Federal Funds and incur the penalties of same resulting from the activities associated with this agreement, or the provisions related to the contractual activity of the contract staff, unless the disallowance or penalty is the result of the Division of Medical Services' failure to submit, in a proper format and/or in a timely manner, amendments to the Medicaid State Plan proposed by the Department of Health required for the administration of the Personal Care and Waiver Programs. Timeliness will be measured based on the complexity of the issue(s) involved and whether the proposed state plan amendment can be processed without obtaining additional information from the Department of Health.
18. Maintain the confidentiality of client records and eligibility information received from DSS, according to RSMo. 191.656 (Supp. 1989).
19. Develop the RFP with which DSS will solicit bids to conduct an independent assessment in accordance with the requirement of 42 CFR 441.303(g) should the DSS choose to exercise this option.

IV. TERMS OF THIS AGREEMENT

The effective date of this Agreement is July 1, 1997. This agreement may be modified at any time by the written agreement of both parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided however that reimbursement shall be made for the period when the contract is in full force and effective.



Director, Department of Social Services
GARY J. STANGLER

9-26-97

Date



Director, Department of Health

9/4/97

Date

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Supersedes TN No. 95-33 & 95-34

Effective Date July 1, 1997

COOPERATIVE AGREEMENT
between the
MISSOURI DEPARTMENT OF SOCIAL SERVICES
and the
MISSOURI DEPARTMENT OF MENTAL HEALTH
relating to
THE MEDICAID STATE PLAN
COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION
PROGRAM

This agreement concerns the administration of the Comprehensive Substance Treatment and Rehabilitation Program (CSTAR) for alcohol and/or drug addicted recipients pursuant to the state Medicaid plan rehabilitation option.

This agreement is a cooperative and mutual understanding between the Missouri Department of Social Services/Division of Medical Services, (DSS/DMS), and the Missouri Department of Mental Health (DMH). DSS is the designated single state agency for the administration of the Title XIX Medicaid program in Missouri and DMS is the Division within DSS which directly manages the Medicaid program operations. DMS is the statutorily authorized agency which has administrative charge and control of the provision of Medicaid covered services. DMH is the department charged by the General Assembly with the budget and appropriation authority for all funding of CSTAR.

I. PURPOSE

This Agreement is entered into for the purpose of efficiently and effectively carrying out the implementation and administration of the CSTAR Program set forth in the Missouri Medicaid Plan under the rehabilitation option (Attachment 3.1A, page 17a) as services targeted to recipients with alcohol and/or drug addition. These services were approved by the Department of Health and Human Services, Health Care Financing Administration, for inclusion in the State Plan on January 22, 1991. Reimbursement for the CSTAR Program is outlined in the Missouri Medicaid Plan at Attachment 4.19B, page 6.

State Plan TN# 94-39
Supersedes TN # 91-31

Effective Date 7-1-94
Approval Date MAR 20 1995

II. DEFINITIONS

For purposes of this Agreement, the parties agree that the following definitions shall apply

- A. Department of Social Services (DSS) shall mean the Missouri Department of Social Services, which is the designated single state agency for administration of the Medicaid program.
- B. Department of Mental Health (DMH) shall mean the Missouri Department of Mental Health.
- C. Division of Medical Services (DMS) shall mean the Division within the Department of Social Services which administers Title XIX (Medicaid) in Missouri.
- D. CSTAR shall mean Comprehensive Substance Treatment and Rehabilitation Program.
- E. Federal Financial Participation (FFP) shall mean that match provided by the federal government, pursuant to federal law and regulation, to fund services authorized under an approved Medicaid State Plan.

III. DUTIES

A. Department of Mental Health

The Department of Mental Health will conduct all activities necessary to administer the CSTAR Program, recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan. DMH agrees to:

1. Perform all activities which are necessary for proper and efficient administration of the CSTAR Program, including but not limited to:
 - Authorization of CSTAR services to ensure that reimbursement is made only for services that are necessary and appropriate. Authorization will be made at the beginning of admission to the program and every six months thereafter or sooner if necessitated by changes in the recipient's service plan.
 - Conduct provider relations activities necessary for the efficient administration of the CSTAR state plan program.

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 Approval Date MAR 20 1995

- Perform periodic utilization review to assess the necessity for and adequacy of CSTAR services required by an individual recipient. This activity is to promote the most effective and appropriate utilization of care and services to assure that payments are consistent with efficiency, economy and quality of care.
2. Provide administrative staff necessary for technical assistance, clerical, supervisory, research and evaluation duties necessary to fulfill the terms and conditions of this agreement. Provide professional staff including skilled and nonskilled professional medical personnel as defined in Title 42 CFR 432.2 and direct support personnel for them. Professional staff will conduct quality assurance and activities to assess the necessity, adequacy and timeliness of care and services provided.
 3. Ensure that providers wishing to participate in CSTAR meet the certification standards as defined in 9 CSR 30-3.810 thru 30-3.970. DMH shall provide all survey and certification personnel and clerical support and shall maintain such records of survey certification.
 4. Survey annually each enrolled provider of CSTAR services for compliance with conditions of participation, including any state law or regulation applicable to DMH providers.
 5. Audit CSTAR providers' documentation for fiscal and procedural compliance with law and regulation as imposed by both DMS and DSS.
 6. Maintain an automated authorization file of all CSTAR services and process invoices against this file to insure that only authorized services set forth in the care plan are reimbursed.
 7. Convert to tape suitable for submitting to Department of Social Services/Division of Medical Services all invoices for authorized CSTAR services performed by enrolled providers.
 8. Report instances of CSTAR provider noncompliance to DSS and jointly pursue any sanction or other action necessary and appropriate to remedy the noncompliance.

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9. Review and provide input and assistance to DMS in the preparation of all CSTAR provider manuals and bulletins to be published by DMS and provided to Medicaid enrolled CSTAR providers. Provide DMS with written information regarding any regulatory or programmatic changes in CSTAR services and/or providers for publication in Medicaid provider bulletins and provider manuals.
10. Prepare policy and procedure for the internal operations of DMH regarding CSTAR services. Such policy and procedure as may affect compliance with Title XIX rules shall be subject to DSS/DMS approval prior to implementation.
11. Participate in Medicaid related training that may be deemed necessary by the Director of DSS and/or the Director of DMH.
12. Prepare annual budget requests for appropriations for CSTAR services.
13. Prepare action plans in the event of federal or state budget reductions.
14. Analyze and plan for the impact of proposed or enacted federal or state regulatory or statutory changes which will affect the CSTAR services authorized under the State Medicaid Plan.
15. Participate in hearings requested by persons who have been denied CSTAR services.
16. Exchange with DSS data to jointly compile periodic reports on the number of clients served, services utilized and costs.
17. Recommend rates for services to DSS/DMS based upon the recommendation of the CSTAR rate setting task force, appointed by the Director of DMH or his designee.
18. Provide as requested by DSS the information necessary to request federal funds available under FFP. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Executive Officer of the Department of Mental Health.
19. Accept responsibility for disallowance and incur the penalties of same resulting from the activities associated with this agreement, unless the disallowance or penalty is the result of the Division of Medical Services' failure to submit, in a proper format and/or in a timely manner, amendments to the Medicaid State Plan proposed by the Department of Mental Health required for the administration of

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